



Michigan Department of Environmental Quality
Resource Management Division

**INDUSTRIAL STORM WATER
TRAINING AND EXAM REGISTRATION FORM**

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|--|--|-----------------|---------------|
| AGENCY/COMPANY NAME | | | |
| AGENCY/COMPANY CONTACT <i>(If sending more than one individual, please identify one person we can contact if questions arise.)</i> | | | |
| TELEPHONE NO. () - Ext | | E-MAIL ADDRESS: | |
| MAILING ADDRESS | | CITY | STATE ZIP |

| Name (Please Print) | Industrial Storm Water Exam \$30.00 | |
|---------------------|--|----------|
| | Date | Location |
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| Number of individuals registering for the Industrial Storm Water Exam: _____ x \$30.00 = _____ <div style="text-align: right;">Total fee enclosed: \$ _____</div> |
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PLEASE MAKE CHECKS PAYABLE TO: STATE OF MICHIGAN

RETURN PAYMENT AND REGISTRATION FORM TO:

Department of Environmental Quality
Cashier's Office – RMD-IWWF
PO Box 30657
Lansing, MI 48909-8157

NOTE: For processing purposes registration form and fee must be received **15 business days** prior to the class or exam.